Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935

Madison, WI 53708-8935

FAX #: (608) 261-7083 **Phone #:** (608) 266-2112

Ch. 454, SPS 50, COS 11

1400 E. Washington Avenue Madison, WI 53703

E-Mail: web@dsps.wi.gov Website: http://dsps.wi.gov

OFFICE OF EDUCATION AND EXAMINATIONS

APPLICATION FOR BARBERING OR COSMETOLOGY CONTINUING EDUCATION TEST-OUT EXAMINATION

PLEASE TYPE OR PRINT IN INK Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)				
Last Name	First Name		MI	Former / Maiden Name(s)
Your Street Address (number, street, city, state,	zip)			
Email address (necessary to receive exam instru	ctions)			
Date of Birth month day year		Daytime Telephone Number ()		
Wisconsin license/credential number:				
EXAM INSTRUCTIONS will be emailed to you upon receipt and processing of this application. APPLICATION FEE: Make one check payable to DSPS For Receipting Use Only				
for the total DSPS fee and attach to this application.				
\$ 75.00 BARBERING CE test-out example \$ 75.00 COSMETOLOGY CE test-out				
\$ 75.00 BARBERING CE test-out example \$ 75.00 COSMETOLOGY CE test-out	ım re-take fee			

Committed to Equal Opportunity in Employment and Licensing